


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # P94000038752

1. Entity Name
TOMPKINS PRODUCTIONS, INC.



Principal Place of Business
**88 NELKIN RD
 COLCHESTER CT 06415**

Mailing Address
**88 NELKIN RD
 COLCHESTER CT 06415**



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #
 State, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 State, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **06-1404561** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAM B. TOMPKINS
 2039 GATOR CREEK RANCH RD
 LAKELAND FL 33809**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and the filer, applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TOMPKINS, WILLIAM B	
STREET ADDRESS	88 NELKIN RD	
CITY-ST-ZIP	COLCHESTER CT 06415	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TOMPKINS, JEANNETTE	
STREET ADDRESS	88 NELKIN RD	
CITY-ST-ZIP	COLCHESTER CT 06415	
TITLE	S	<input type="checkbox"/> Delete
NAME	TOMPKINS, WILLIAM B	
STREET ADDRESS	88 NELKIN RD	
CITY-ST-ZIP	COLCHESTER CT 06415	
TITLE	T	<input type="checkbox"/> Delete
NAME	TOMPKINS, JEANNETTE	
STREET ADDRESS	88 NELKIN RD	
CITY-ST-ZIP	COLCHESTER CT 06415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000692136	
STREET ADDRESS	04/23/08-80053-021 150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William B Tompkins 4/3/08 860-537-2403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR